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RECEIVED
NOV 10 2008
NORTHEAST DISTRICT
DEP-JACKSONVILLE

November 6, 2008

Mr. Patel,

In response to your phone call and email of November 5th, 2008, the following is our reply.

#1. Actually, the D018 code has never been applied to our used oil. A few years ago, our former waste consultant was looking over our paperwork for our waste oil/still bottoms to determine if we needed any updates to our waste codes. At that time he suggested we add the code D018 to our manifest because we used Ethylbenzene in our process that results in our still bottoms. He said it was to "cover our bases". At that time the gentleman at Montco Research that handles our waste manifest didn't think it was a big deal to add the code. Since then we have learned that it is a big deal. We do not use Benzene at our plant, and never have. The code has since been removed. It never had anything to do with oil.

If we have any used oil spills, they will be absorbed with absorbent material and disposed of as non-hazardous waste.

Our used oil storage tank and drums have been labeled "Used Oil" as per Mr. Chris Bodin.

#2. There are currently 81 drums of material in our drum storage as of now. (Acetone, raw materials, DEG, off spec. product, etc...). There are also 350 empty plastic drums, along with 32 empty steel drums. These numbers change from week to week because we cut up and dispose of the empty drums every chance we get. (Pictures are included. A Polaroid was the only camera I had. If you need better pictures, just let me know.)

#3. The last 4 weeks of Tank Inspection Logs are enclosed. If you need more, just let me know.

Thanks for the information on 40 CFR 265 Subpart BB and CC requirements. We will look into it right away.

If there is anything else you need regarding your email of 11/5/08, please don't hesitate to contact me.

Best Regards

Terry Clayton

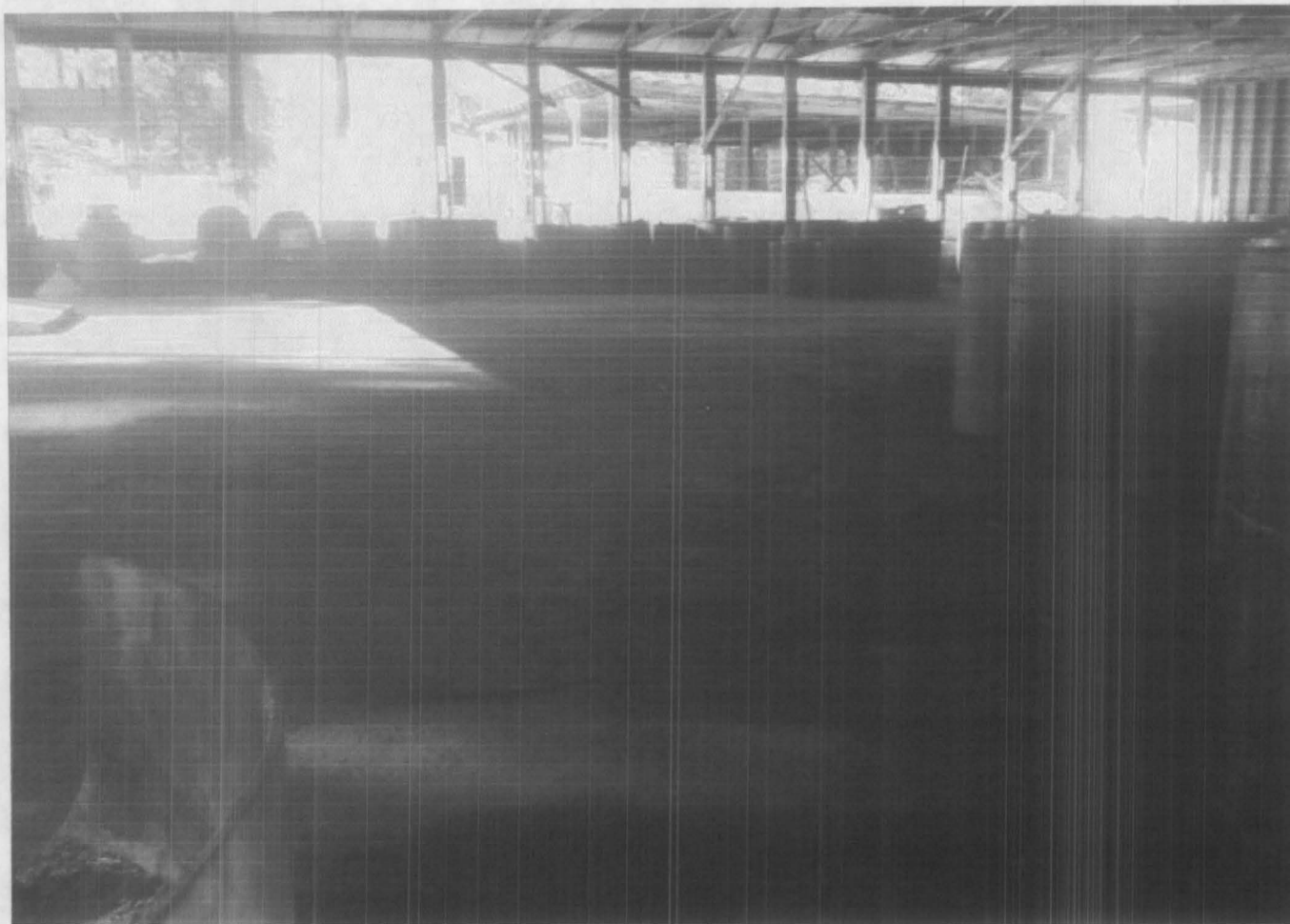
DRUM STORAGE



FROM S.E. TO N.W. ↑ ↓



DRUM STORAGE

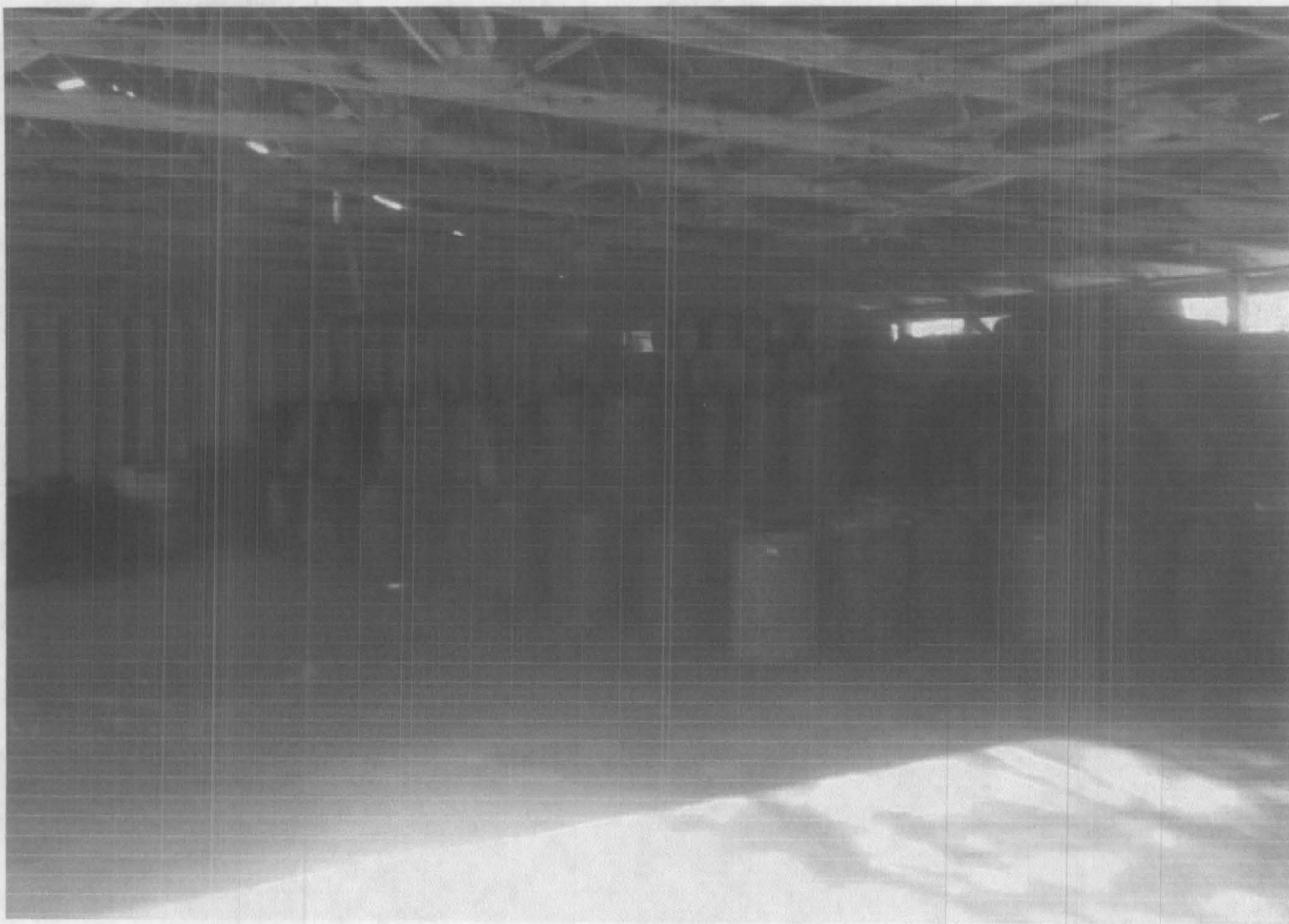


FROM EAST TO WEST ↑



FROM NORTH TO SOUTH ↑

DRUM STORAGE



N.E. SIDE - EMPTY DRUMS

WEEKLY INSPECTION LOG

Inspector: Kil Date: 10-14 Time: 9:10 AM

Accumulation Area Inspected: EBC Still Bottoms Storage Tank

Number of Containers: 1

Are all containers in good condition?

Yes ☒

No ☐

Is there any evidence of leaks or spills?

Yes ☐

No ☒

Are all containers labeled "Hazardous Waste"?

Yes ☒

No ☐

Are all containers marked with accumulation start date?

Yes ☒

No ☐

Are all containers closed?

Yes ☒

No ☐

Is spill control equipment available?

Yes ☒

No ☐

Observations: _____

(If containers in poor condition or leaks/spills were found, please note action taken in area below)

Repairs or Remedial Action

Date

Inspector: Kil Date: 10-14 Time: 9:23 AM

Accumulation Area Inspected: Used Oil Storage Tank

Number of Containers: 1

Are all containers in good conditions?

Yes ☒

No ☐

Is there any evidence of leaks or spills?

Yes ☐

No ☒

Are all containers labeled "Used Oil"?

Yes ☒

No ☐

Are all containers closed?

Yes ☒

No ☐

Is spill control equipment available?

Yes ☒

No ☐

Observations: _____

(If containers in poor condition or leaks/spills were found, please note action taken in area below)

Repairs or Remedial Action

Date

WEEKLY INSPECTION LOG

Inspector: K:1 Date: 10-21 Time: 2:00 PM

Accumulation Area Inspected: EBC Still Bottoms Tank Number of Containers: 1

Is Tank in good conditions?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is there any evidence of leaks or spills?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Is the Tank labeled "Hazardous Waste"?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is the Tank marked with an accumulation start date?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is the Tank closed?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is spill control equipment available?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Observations: _____

(If containers in poor condition or leaks/spills were found, please note action taken in area below)

Repairs or Remedial Action Date

Inspector: K:1 Date: 10-21 Time: 2:19 PM

Accumulation Area Inspected: Oil Neutralization Reactor Number of Containers: 1

Is the Reactor in good conditions?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is there any evidence of leaks or spills?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Is the Reactor labeled "Hazardous Waste"?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is the Reactor marked with an accumulation start date?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is the Reactor closed?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is spill control equipment available?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

Observations: _____

(If containers in poor condition or leaks/spills were found, please note action taken in area below)

Repairs or Remedial Action Date

WEEKLY INSPECTION LOG

Inspector: Kil Date: 10-27 Time: 10:26

Accumulation Area Inspected: EBC Still Bottoms Storage Tank Number of Containers: 1

Are all containers in good condition?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is there any evidence of leaks or spills?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Are all containers labeled "Hazardous Waste"?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are all containers marked with accumulation start date?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are all containers closed?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is spill control equipment available?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

Observations: _____

(If containers in poor condition or leaks/spills were found, please note action taken in area below)

<u>Repairs or Remedial Action</u>	<u>Date</u>
_____	_____
_____	_____

Inspector: Kil Date: 10-27 Time: 10:40am

Accumulation Area Inspected: Used Oil Storage Tank Number of Containers: 1

Are all containers in good conditions?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is there any evidence of leaks or spills?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Are all containers labeled "Used Oil"?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are all containers closed?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is spill control equipment available?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

Observations: _____

(If containers in poor condition or leaks/spills were found, please note action taken in area below)

<u>Repairs or Remedial Action</u>	<u>Date</u>
_____	_____
_____	_____

WEEKLY INSPECTION LOG

Inspector: Kil Date: 11-4 Time: 8:29 AM

Accumulation Area Inspected: EBC Still Bottoms Storage Tank Number of Containers: 1

Are all containers in good condition?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is there any evidence of leaks or spills?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Are all containers labeled "Hazardous Waste"?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are all containers marked with accumulation start date?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are all containers closed?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is spill control equipment available?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

Observations: _____

(If containers in poor condition or leaks/spills were found, please note action taken in area below)

<u>Repairs or Remedial Action</u>	<u>Date</u>
_____	_____
_____	_____

Inspector: Kil Date: 11-4 Time: 8:42 AM

Accumulation Area Inspected: Used Oil Storage Tank Number of Containers: 1

Are all containers in good conditions?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is there any evidence of leaks or spills?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Are all containers labeled "Used Oil"?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Are all containers closed?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Is spill control equipment available?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

Observations: _____

(If containers in poor condition or leaks/spills were found, please note action taken in area below)

<u>Repairs or Remedial Action</u>	<u>Date</u>
_____	_____
_____	_____